02/28

Date of Deposit: February 23, 2005

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450

Alexandria, Virginia 22313-1450 (703) 746-4000 or Fax

PART B - FEE(S) TRANSMITTAL

appropriate. All further co	rrespondence including the l below or directed otherwise	Patent, advance of	rders and noti	PUBLICATION FEE (if req fication of maintenance fees a new correspondence addres	will be mailed to the current	correspondence address as	
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block I for any change of address)				Fee(s) Transmittal. T	Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must		
30623 7	11/24/2004	_		have its own certifica	te of mailing or transmission.	cit of formal drawing, must	
MINTZ, LEVIN AND POPEO, P.C ONE FINANCIAI BOSTON, MA 02	CENTER	LOVSKY)	I hereby certify that states Postal Service addressed to the Ma	ertificate of Mailing or Tran- this Fee(s) Transmittal is bein with sufficient postage for fir ail Stop ISSUE FEE address PTO (703) 746-4000, on the c	g deposited with the United st class mail in an envelope above, or being facsimile	
/2005 LWONDIM2 00000	057 09545162	12				(Depositor's name)	
:1501 :8001			TRADEMARY	8 /		(Signature)	
APPLICATION NO.	FILING DATE	FIRST NAMED) INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.	
09/545,162	09/545,162 04/07/2000		ANTHONY P. SHUBER		EXT-026	1013	
APPLN. TYPE	SMALL ENTITY	ISSUE F		PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO	757	\$1,40	0 \$0	\$1,400	02/24/2005	
- EXAMINER		ART UNIT		CLASS-SUBCLASS	7		
SWITZER, JULIET CAROLINE		1634		435-006000	_		
1. Change of correspondence address or indication of "Fee Address" (37 CFR f.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. Mintz, Levin, Cohn, Ferri				
	RESIDENCE DATA TO B						
recordation as set forth in	s an assigned is identified be n 37 CFR 3.11. Completion of	flow, no assignee of this form is NO	T a substitute	car on the patent. If an assig for filing an assignment.	nee is identified below, the d	ocument has been filed for	
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)							
EXACT SCIENCES	S CORPORATION		MAYN	ARD, MA			
Please check the appropriate	e assignee category or categor	ries (will not be pr	inted on the pa	atent): 🗖 Individual 🛣 (Corporation or other private gro	oup entity Government	
4a. The following fee(s) are	enclosed:	41	. Payment of	` '			
Issue Fee	H 25 P	n.		in the amount of the fee(s) is e			
				Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 50-0311 (enclose an extra copy of this form).			
Advance Order - # 0	i Copies		Deposit Acco	ount Number 50-0311	(enclose an extra c	opy of this form).	
a. Applicant claims S	(from status indicated above SMALL ENTITY status, See 3	37 CFR 1.27.		ant is no longer claiming SMA		(8)(7)	
The Director of the USPTO NOTE: The Issue Fee and P Interest as shown by the rec	is requested to apply the Issu Publication Fee (if required) w ords of the United States Pate	e Fee and Publica vill not be accepted nt and Trademark	tion Fee (if an I from anyone Office.	y) or to re-apply any previous other than the applicant; a reg	ly paid issue fee to the applications and issue fee to the application of the application	ation identified above. ne assignee or other party in	
Authorized Signature			,		February 23, 200	· · · · · · · · · · · · · · · · · · ·	

Jennifer A. Karnakis 53,097

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Typed or printed name

Registration No. _

Express Mail Label No.: EV392159350US Date of Deposit: February 23, 2005

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANTS:

Shuber, et al.

SERIAL NUMBER:

09/545,162

EXAMINER:

Juliet C. Switzer

FILING DATE:

April 7, 2000

ART UNIT:

1634

For:

METHODS FOR DETECTING NUCLEIC ACIDS INDICATIVE OF

CANCER

February 23, 2005 Boston, Massachusetts

MAIL STOP ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

TRANSMITTAL LETTER

Transmitted herewith for filing in the above-referenced patent application are the following documents:

- 1. Issue Fee Transmittal [1 pg.];
- 2. Check No. 20120 in the amount of \$1,430.00 (\$1,400.00 Issue Fee, \$30.00 Advance Copies of Patent);
- 3. Return Postcard.

Although Applicants believe that no additional fees are due in connection with this submission, the Commissioner is authorized to credit any overpayment or charge any deficiencies to Deposit Account No. 50-0311 (Reference No. 26597-526).

If the enclosed papers are considered incomplete, the Mail Room is respectfully requested to contact the undersigned collect at (617) 542-6000, Boston, Massachusetts.

Respectfully submitted,

Uror R. Elrifi, Reg. No. 39,529

Naomi S. Biswas, Reg. No. 38,384

Attorneys for Applicant Tel: (617) 542-6000

Fax: (617) 542-2241

Customer No. 30623